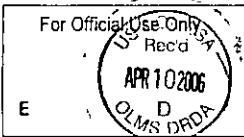


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



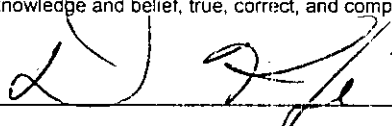
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|---|
| 1. File Number U - 7878 | 2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005 |
| 3. Name and address of person filing. Name Donald M Keefe P.O. Box, Bldg., Room No., if any Street 10 Bemis Street City Newton State Massachusetts ZIP Code + 4 02460 | 4. Name, file number, and address of labor organization. Name District No.1-PCD, MEBA (AFL-CIO) Labor Organization File Number 066-581 P.O. Box, Building and Room Number, if any Street 444 North Capitol Street, NW City Washington State District of Columbia ZIP Code + 4 20001 |
| 5. Position in labor organization. Atlantic Coast Vice President | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

| | | |
|--|---------------|------------------|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed  | On 03/29/2006 | 201-433-7700 |
| | Date | Telephone Number |

| | |
|------------------------------------|----------------|
| Name of Person Filing Donald Keefe | File Number U- |
|------------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|--|---|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name MEBA Benefit Plans</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1007 Eastern Avenue</p> <p>City Baltimore</p> <p>State Maryland ZIP Code + 4 21202</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name MEBA Benefit Plans</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1007 Eastern Avenue</p> <p>City Baltimore</p> <p>State Maryland ZIP Code + 4 21202</p> | <p>11.a. Nature of such dealing.</p> <p>MEBA Benefit Plans are jointly-trusted multiemployer benefit plans that provide benefits to participants requested by the MEBA.</p> <p>11.b. Approximate dollar value of such dealing. \$6,415</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement to self or Union of travel-related expenses incurred in attending MEBA Benefit Plans Board of Trustee Meetings, for which I am a Trustee and was required to attend as well as educational meetings sponsored by IFEPP.</p> <p>12.b. Amount. \$6,415</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

| | |
|---|---------------------------------|
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> |

MEBA Medical and Benefits Plan
2005 LM-10, LM-30 Reports

| | | Acct/Vendor | Date | Amount | |
|--------------|-------------|---------------|-------------|-------------|---|
| <u>Name</u> | <u>Plan</u> | <u>Number</u> | <u>Paid</u> | <u>Paid</u> | <u>Explanation</u> |
| Donald Keefe | Medical | 571700 | 2/19/2005 | \$ 18.14 | MJB - Lunch February Meeting |
| Donald Keefe | Medical | | 3/17/2005 | \$ 17.30 | ARS - Presentation Interlake Dinner 02/24/04 |
| Donald Keefe | Medical | 571700 | 3/28/2005 | \$ 284.35 | Reimbursement of Travel Expenses Relating to Trustees Meeting 02/05 |
| Donald Keefe | Medical | 571700 | | \$ 141.00 | 02/05 BOT Meeting Dinner |
| Donald Keefe | Medical | 571700 | 5/4/2005 | \$ 388.48 | Various Meals 02/05 Trustee Meeting |
| Donald Keefe | Medical | 571700 | 4/18/2005 | \$ 50.91 | MJB - Dinner April Meeting |
| Donald Keefe | Medical | 571700 | 5/6/2005 | \$ 1,214.08 | Reimbursement of Travel Expenses Relating to Trustees Meeting 04/05 |
| Donald Keefe | Medical | 571700 | | \$ 48.88 | 04/05 BOT Meeting Dinner |
| Donald Keefe | Medical | 571700 | 9/12/2005 | \$ 385.34 | Various Meals 04/05 Trustee Meeting |
| Donald Keefe | Medical | 571700 | 6/19/2005 | \$ 29.38 | MJB - Dinner June Meeting |
| Donald Keefe | Medical | 571700 | 6/23/2005 | \$ 52.00 | MJB - Dinner June Meeting |
| Donald Keefe | Medical | 571850 | 6/29/2005 | \$ 1,590.00 | IFEBP Fees |
| Donald Keefe | Medical | 571700 | 7/15/2005 | \$ 2,213.23 | Reimbursement of Travel Expenses Relating to Trustees Meeting 08/05 |
| Donald Keefe | Medical | 571700 | | \$ 161.13 | 06/05 BOT Meeting Dinner |
| Donald Keefe | Medical | 571700 | 7/7/2005 | \$ 329.71 | Various Meals 08/05 Trustee Meeting |
| Donald Keefe | Medical | 571850 | 8/19/2005 | \$ (695.00) | IFEBP Fees |
| Donald Keefe | Medical | 571700 | 11/3/2005 | \$ 207.96 | Reimbursement of Travel Expenses Relating to Trustees Meeting 10/05 |
| | | | | \$ 6,414.89 | |